



General Assembly

February Session, 2008

Raised Bill No. 278

LCO No. 1647

01647_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

***AN ACT CONCERNING INSURER PAYMENT FOR MENTAL HEALTH
RESIDENTIAL CARE.***

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Section 38a-514 of the 2008 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective January 1, 2009*):

4 (a) Except as provided in subsection (j) of this section, each group
5 health insurance policy, providing coverage of the type specified in
6 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,
7 issued for delivery, renewed, amended or continued in this state on or
8 after January 1, 2000, shall provide benefits for the diagnosis and
9 treatment of mental or nervous conditions. For the purposes of this
10 section, "mental or nervous conditions" means mental disorders, as
11 defined in the most recent edition of the American Psychiatric
12 Association's "Diagnostic and Statistical Manual of Mental Disorders".
13 "Mental or nervous conditions" does not include (1) mental
14 retardation, (2) learning disorders, (3) motor skills disorders, (4)
15 communication disorders, (5) caffeine-related disorders, (6) relational
16 problems, and (7) additional conditions that may be a focus of clinical

17 attention, that are not otherwise defined as mental disorders in the
18 most recent edition of the American Psychiatric Association's
19 "Diagnostic and Statistical Manual of Mental Disorders".

20 (b) No such group policy shall establish any terms, conditions or
21 benefits that place a greater financial burden on an insured for access
22 to diagnosis or treatment of mental or nervous conditions than for
23 diagnosis or treatment of medical, surgical or other physical health
24 conditions.

25 (c) In the case of benefits payable for the services of a licensed
26 physician, such benefits shall be payable for the same services when
27 such services are lawfully rendered by a psychologist licensed under
28 the provisions of chapter 383 or by such a licensed psychologist in a
29 licensed hospital or clinic.

30 (d) In the case of benefits payable for the services of a licensed
31 physician or psychologist, such benefits shall be payable for the same
32 services when such services are rendered by:

33 (1) A clinical social worker who is licensed under the provisions of
34 chapter 383b and who has passed the clinical examination of the
35 American Association of State Social Work Boards and has completed
36 at least two thousand hours of post-master's social work experience in
37 a nonprofit agency qualifying as a tax-exempt organization under
38 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
39 corresponding internal revenue code of the United States, as from time
40 to time amended, in a municipal, state or federal agency or in an
41 institution licensed by the Department of Public Health under section
42 19a-490 of the 2008 supplement to the general statutes;

43 (2) A social worker who was certified as an independent social
44 worker under the provisions of chapter 383b prior to October 1, 1990;

45 (3) A licensed marital and family therapist who has completed at
46 least two thousand hours of post-master's marriage and family therapy

47 work experience in a nonprofit agency qualifying as a tax-exempt
48 organization under Section 501(c) of the Internal Revenue Code of 1986
49 or any subsequent corresponding internal revenue code of the United
50 States, as from time to time amended, in a municipal, state or federal
51 agency or in an institution licensed by the Department of Public Health
52 under section 19a-490 of the 2008 supplement to the general statutes;

53 (4) A marital and family therapist who was certified under the
54 provisions of chapter 383a prior to October 1, 1992;

55 (5) A licensed alcohol and drug counselor, as defined in section 20-
56 74s of the 2008 supplement to the general statutes, or a certified alcohol
57 and drug counselor, as defined in section 20-74s of the 2008
58 supplement to the general statutes; or

59 (6) A licensed professional counselor.

60 (e) For purposes of this section, the term "covered expenses" means
61 the usual, customary and reasonable charges for treatment deemed
62 necessary under generally accepted medical standards, except that in
63 the case of a managed care plan, as defined in section 38a-478,
64 "covered expenses" means the payments agreed upon in the contract
65 between a managed care organization, as defined in section 38a-478,
66 and a provider, as defined in section 38a-478.

67 (f) (1) In the case of benefits payable for the services of a licensed
68 physician, such benefits shall be payable for (A) services rendered in a
69 child guidance clinic or residential treatment facility by a person with a
70 master's degree in social work or by a person with a master's degree in
71 marriage and family therapy under the supervision of a psychiatrist,
72 physician, licensed marital and family therapist or licensed clinical
73 social worker who is eligible for reimbursement under subdivisions (1)
74 to (4), inclusive, of subsection (d) of this section; (B) services rendered
75 in a residential treatment facility by a licensed or certified alcohol and
76 drug counselor who is eligible for reimbursement under subdivision
77 (5) of subsection (d) of this section; or (C) services rendered in a

78 residential treatment facility by a licensed professional counselor who
79 is eligible for reimbursement under subdivision (6) of subsection (d) of
80 this section.

81 (2) In the case of benefits payable for the services of a licensed
82 psychologist under subsection (d) of this section, such benefits shall be
83 payable for (A) services rendered in a child guidance clinic or
84 residential treatment facility by a person with a master's degree in
85 social work or by a person with a master's degree in marriage and
86 family therapy under the supervision of such licensed psychologist,
87 licensed marital and family therapist or licensed clinical social worker
88 who is eligible for reimbursement under subdivisions (1) to (4),
89 inclusive, of subsection (d) of this section; (B) services rendered in a
90 residential treatment facility by a licensed or certified alcohol and drug
91 counselor who is eligible for reimbursement under subdivision (5) of
92 subsection (d) of this section; or (C) services rendered in a residential
93 treatment facility by a licensed professional counselor who is eligible
94 for reimbursement under subdivision (6) of subsection (d) of this
95 section.

96 (g) In the case of benefits payable for the service of a licensed
97 physician practicing as a psychiatrist or a licensed psychologist, under
98 subsection (d) of this section, such benefits shall be payable for
99 outpatient services rendered (1) in a nonprofit community mental
100 health center, as defined by the Department of Mental Health and
101 Addiction Services, in a nonprofit licensed adult psychiatric clinic
102 operated by an accredited hospital or in a residential treatment facility;
103 (2) under the supervision of a licensed physician practicing as a
104 psychiatrist, a licensed psychologist, a licensed marital and family
105 therapist, a licensed clinical social worker, a licensed or certified
106 alcohol and drug counselor, or a licensed professional counselor who
107 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of
108 subsection (d) of this section; and (3) within the scope of the license
109 issued to the center or clinic by the Department of Public Health or to
110 the residential treatment facility by the Department of Children and

111 Families.

112 (h) Except in the case of emergency services or in the case of services
113 for which an individual has been referred by a physician affiliated
114 with a health care center, nothing in this section shall be construed to
115 require a health care center to provide benefits under this section
116 through facilities that are not affiliated with the health care center.

117 (i) In the case of any person admitted to a state institution or facility
118 administered by the Department of Mental Health and Addiction
119 Services, Department of Public Health, Department of Children and
120 Families or the Department of Developmental Services, the state shall
121 have a lien upon the proceeds of any coverage available to such person
122 or a legally liable relative of such person under the terms of this
123 section, to the extent of the per capita cost of such person's care. Except
124 in the case of emergency services the provisions of this subsection shall
125 not apply to coverage provided under a managed care plan, as defined
126 in section 38a-478.

127 (j) A group health insurance policy may exclude the benefits
128 required by this section if such benefits are included in a separate
129 policy issued to the same group by an insurance company, health care
130 center, hospital service corporation, medical service corporation or
131 fraternal benefit society. Such separate policy, which shall include the
132 benefits required by this section and the benefits required by section
133 38a-533, shall not be required to include any other benefits mandated
134 by this title.

135 (k) In the case of benefits based upon confinement in a residential
136 treatment facility, such benefits shall be payable [only] in situations in
137 which [(A) the insured has a serious mental illness which substantially
138 impairs the person's thought, perception of reality, emotional process,
139 or judgment or grossly impairs behavior as manifested by recent
140 disturbed behavior, (B) the insured has been confined in a hospital for
141 such illness for a period of at least three days immediately preceding
142 such confinement in a residential treatment facility, and (C) such

143 illness would otherwise necessitate continued confinement in a
 144 hospital if such care and treatment were not available through a
 145 residential treatment center for children and adolescents] the insured
 146 has a serious mental or nervous condition that substantially impairs
 147 the insured's thoughts, perception of reality, emotional process or
 148 judgment or grossly impairs the behavior of the insured, and cannot
 149 appropriately, safely or effectively be treated in an acute care, partial
 150 hospitalization, intensive outpatient or outpatient setting.

151 (l) The services rendered for which benefits are to be paid for
 152 confinement in a residential treatment facility must be based on an
 153 individual treatment plan. For purposes of this section, the term
 154 "individual treatment plan" means a treatment plan prescribed by a
 155 physician with specific attainable goals and objectives appropriate to
 156 both the patient and the treatment modality of the program.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	January 1, 2009	38a-514
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Statement of Purpose:

To require payment of residential treatment services for all insureds requiring that level of care and to eliminate the three-day acute hospitalization requirement immediately preceding such confinement.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]